

FINAL PROPOSAL: COVER SHEET

SOS # _____
(Do not complete)

Note: File this form with the appropriate attachments with the secretary of state and the Legislative Committee on Administrative Rules. You must file an adopting page, an economic impact statement, a public input statement, text of the rule, annotated text showing the changes to existing rules and an explanation of the changes along with this cover sheet. You must also file a scientific information statement and/or incorporation by reference statement if applicable. A copy of the ICAR approval letter must also accompany this filing.

Please complete the following:

1. Title of final proposal:
Workers' Compensation Vocational Rehabilitation Rules
2. Proposed Rule # previously assigned by the Secretary of State 06P-029
3. Agency:
Department of Labor
4. Contact Person (Name, Address & Phone)
J. Stephen Monahan, Director
Workers' Compensation & Safety Division
National Life Building, Drawer 20
Montpelier, VT 05620-3401
(802) 828-2138
5. Statutory authority for this rule:
Act 132 and 21 V.S.A. §641
6. This filing has ☒ has not ☐ changed since the filing of the proposed rule. If it has changed, please attach a letter to this filing explaining in detail what changes were made, citing chapter and section of those changes where applicable.
7. Substantial arguments and considerations were ☒ were not ☐ raised for or against the original proposal. Please attach copies of all written submissions and synopses of oral comments received for or against the original proposal. If substantial arguments and considerations were raised for or against the original proposal or if suggestions with respect to separate requirements for small businesses were made, please attach a letter to this filing explaining in detail the reasons for the agency's decision to reject or adopt them.
8. Give a concise summary explaining the effect of the rule (**150 words or less**):
Recent legislative enactments required the department to adopt V.R. rules for mandatory screening of any injured worker paid 90 consecutive days or more of temporary total disability benefits. it also directed the establishment of a fee schedule. The Workers' Compensation study committee also identified other problems with the V.R. process. This rule revision accomplishes these purposes:

1. Vocational rehabilitation rules were separated out from the other W.C. Rules and have been redrafted in an effort to provide more clarity.
2. A mandatory screening process is created and a fee schedule is established.

9. Explanation of why this rule is necessary:

Statutory changes due to Act 132 (2004) and Act 212 (2006).

10. List of people, enterprises and government entities affected by this rule:

Employees and employers, insurance carriers and their agents, attorneys, vocational rehabilitation providers, and interest groups representing labor, business and insurance interests. Interested groups include the AFL/CIO, VSEA, VTLA, the State of Vermont Risk Management Division, VLCT, AIA and other interest groups.

11. Brief summary of economic impact of this rule (**150 words or less**):

This rule is expected to have minimal economic impact, overall, however, it is anticipated that the vocational rehabilitation dollars spent will be better utilized; with more dollars spent on injured workers who need vocational rehabilitation benefits and services and less money spent on VR services for workers who possess the ability to return to suitable work.

12. Date, time and place of hearing(s), if any were held:

October 25, 2006; 9:00-11:00 a.m.; Vermont Interactive Televisions Sites: WILLISTON, Blair Park, 451 Lawrence Park; NEWPORT, North Country Union High School; BRATTLEBORO, 131 Fairground Road, Room 125; RUTLAND, Stafford Technical Center, Room 222; WHITE RIVER JCT., Community College of Vermont, 145 Billings Farm Road; WATERBURY, State Office Complex, Stanley Hall

13. The deadline for public comments was: 11/6/06

CERTIFICATION: AS THE ADOPTING AUTHORITY (see 3 V.S.A. § 801(b)(11) for a definition) OF THIS RULE, I APPROVE THE CONTENTS OF THIS FILING.

Date: / /

(Sign here)

Patricia Moulton Powden
Commissioner

(Type name here please)

Please Check off the following components that are enclosed with this rule (**Please check only those that apply to this proposed rule**).

- ☒ Final Proposed Rule Cover sheet
- ☒ Adopting Page
- ☒ Economic Impact Statement
- ☐ Scientific Information
- ☒ Public Input Statement
- ☐ Incorporation by Reference
- ☒ Text of the Rule
- ☒ Annotated Text
- ☒ ICAR Approval Memo

This box for Secretary of State use only

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These components were filed with this APA Clerk's Initials _____